

EXHIBIT C



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A RICOH COMPANY

IKON Office Solutions - Columbus, OH
Phone: (614) 241-5181 Fax: (614) 241-5185
Federal ID: 230334400

INVOICE

Page 1 of 1

Invoice #	COL08100030
Invoice Date:	10/06/2008
Due Date:	10/16/2008
Terms:	Net 10 Days
Customer Code:	COL-VSSP
Natl ID:	18765

BILL TO:

VORYS, SATER, SEYMOUR & PEASE
52 E. GAY STREET
COLUMBUS, OH 43216

SHIP TO:

VORYS, SATER, SEYMOUR & PEASE
52 E. GAY STREET
COLUMBUS, OH 43216

Price using: STANDARD Price

Reference / Case #	Reference 2	Reference 3	Account Manager
007394-002975			Robin Schumann

Sales Order	Order Date	Ordered By	Quantity	Unit Price		Extension
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SO-0810-0031 10/04/2008 CHERYL MacDONALD - VORYS, SATER, SEYMOUR & PEASE

B&W Copies C - Medium Litigation	2,234.00	0.1300	290.42
Color 8.5x11 (Letter) Copies	35.00	0.9900	34.65
Oversize B&W (sq/ft)	25.00	1.2500	31.25
Foamcore - 3/16" (sq ft)	25.00	3.3000	82.50

Please Pay From This Invoice

Customer's duly authorized signature below is an agreement that the above-described work has been received and accepted by Customer. Customer assures payment of this invoice within 10 days. Interest at the rate of the lesser of 1.5% per month or the maximum legal rate will be charged on invoices not paid within 10 days. Customer agrees to pay legal fees incurred in the collection of past due accounts.

Taxable Sales:	438.82
Sales Tax:	29.62
Non-Taxable:	0.00
Postage:	0.00
Delivery:	0.00

PAY THIS AMOUNT \$ 468.44

THE PERSON SIGNING THIS INVOICE ON BEHALF OF CUSTOMER REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO DO SO

Received and Accepted by: _____ Date: _____

Please pay from this copy. The party named on this bill is held responsible for payment.

Payment From:
VORYS, SATER, SEYMOUR & PEASE
52 E. GAY STREET
COLUMBUS, OH 43216

Amount Enclosed
\$

Please Remit To:
IKON Office Solutions
LDS Great Lakes District - COL
1600 Solutions Center
Chicago, IL 60677-1005

Invoice: COL08100030

Invoice Date: 10/06/2008

Due Date: 10/16/2008

Customer Code: COL-VSSP

Natl ID: 18765

PAY THIS AMOUNT \$ 468.44

Vorys, Sater, Seymour and Pease LLP
0VENDOR CHECK REQUEST

Date: October 24, 2008

Check Payable	IKON Office Solutions
	LDS Great Lakes District - COL
Address	1600 Solutions Center
City/State/Zip	Chicago, IL 60677-1005
Vendor No.	504465/20
Invoice Date	10/06/2008
Payee TIN	
Description	Cheryl MacDonald: 2,234 b/w copies, 35 letter color copies, 25 sq.ft. b/w oversize, 25 sq.ft. foam mount

Client Advance Expenses:

Client Name	Matter Name	
Client No.	Matter No.	
Atty No. 2531	Disb. Code 55	Amount \$ 468.44

Disb. Codes:

41	Copies of Document	57	Patent/Trademark Search
43	Courier Services	61	Title/Abstract
45	Court Costs	65	Witness Fee
47	Court Reporters	69	Medical Records
49	Filing Fees	71	Car Messenger
53	Miscellaneous	73	Cellular Telephone
55	Outside Professional Services	79	CT Corp/OPEN Service

Firm Expenses:

<u>G/L No.</u>	<u>Office No.</u>	<u>Dept. No.</u>	<u>Atty No.</u>	<u>Amount</u>
--	--	--	--	\$
--	--	--	--	\$
--	--	--	--	\$

Original bill must be attached.

Mail check to vendor X

Messenger Delivery _____

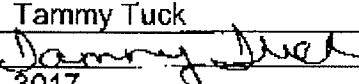
Originating Attorney:

If over \$50, approved by:

Requested by:

Signature:

Phone Ext. :

Tammy Tuck

3017

* Required before first payment can be made to an individual or partnership

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IKON OFFICE SOLUTIONS

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11/07/08

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